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THE PRIVATE NURSE IN HER RELATION TO THE FAMILY.

Success in all work depends largely on the degree of correspondence between the worker and his environment. It is not necessary that the worker should take his key note from his surroundings. If he is a master musician he will tune his world to his own key, and it will march to his time. But between the two, in the sick-room, as in the workshop, there must be harmony, else the work is poor, and the worker sadly handicapped.

The private nurse is like a wandering musician, called to play her part in many a stormy chorus, and many a lame and lagging refrain. She encounters a great variety of instruments, in all degrees of disrepair, from the simple lute with the little rift silencing its music, to the noble Stradivarius, all unstrung and hopelessly warped, its sweet notes jingling, its harmony all discord.

"How sour sweet music is, when time is lost, and no proportion kept. So is it with the music of men's lives."

The selections are halting and unfamiliar, and often the most the wandering musician may do, is to catch at intervals the dominant note, and chord as she can with that. She can at least avoid playing in a different key, and above all the jarring and the discord, she must try to keep her own ear tuned to the music of the spheres. So may she join the "choir invisible" whose music is the gladness of the world.

The readers of the CANADIAN NURSE are too well acquainted with the ideal nurse to need a formal introduction. They have seen her in the popular novel and on the stage, in the guise of the "Ministering Angel." She has been exhibited on a pedestal at graduating exercises. She has been dissected and demonstrated upon in Nursing Journals and nursing conventions. She is absolutely faultless. My chief objection to this estimable model, is, that I doubt her reality. I am afraid she is made mostly of wax and red ink, with a few feathers for wings, and a halo which emanates only from her creator's imagination. My ideal private nurse has none of these accessories. She is plain flesh and blood, and to be quite frank—she does not monopolize all the virtues. She possesses the essential qualifications of all good workmen—in-

telligence, technical skill, honesty—but besides, she is kind, sweet-tempered, adaptable, and of a broad humanity. She possesses the inestimable gift of common sense, and that next best shield against the rude knocks of life—a sense of humor. She is not over burdened with an inconvenient respect for "the proprieties," and is capable of tackling a very unpleasant situation, with a quiet dignity that disarms embarrassment, and defies suspicion. It is not essential to the picture, but I am glad that the gods have given her also a wholesome beauty of face that rejoices the heart, and a smile that warms and brightens the atmosphere about her. Her hands are perhaps a trifle large for beauty, and they are not always smooth and white, but in your hour of anguish you will not notice this. You will know that they are gentle and capable, and skilled in loving service. She is one of a not unknown type (we are proud to think), of working private nurses, so to her we shall come with our difficult scores, and learn as I have often learned, more by example than precept, our lesson in harmony and practice.

She has been called to nurse in a poor family, and she has not refused the case because she has suddenly contracted a cold, or because a remembered engagement presents insistent claims. She finds a sad dearth of the comforts—perhaps even of the necessities of life—and she strikes the key note of economy. Her first care is to see that, even at some sacrifice to the family, the patient is provided with the requisites of illness—clean and comfortable bedding, good food, and such medicines and appliances as are necessary. She husbands her resources with jealous care, and is prodigal only of such cheap utilities as water and sunshine, smiles and wild flowers. She gives the district free demonstrations in hygiene, but shows an uncharitable intolerance for flies and dirt. "She hath no scorn of common things," human or material, and has a keen eye for the latent possibilities in the faithful elder sister, or the sympathetic neighbor next door. Barrel-hoops and newspapers, excelsior and rags, are converted into sick-room accessories. She maketh men her ministers, and lures tribute from corner-bakeries and back-lot gardens for her patients' modest tray. She is introduced to furnaces and floor-mops, and has even been known to attack a wash-tub, without seriously imperiling her professional reputation.

> "She doeth little kindnesses
> Which most leave undone or despise,
> For naught that sets a heart at ease,
> And bringeth happiness or peace,
> Is low-esteemed in her eyes."

Though capable of high renunciation and self-sacrifice, there are times, when, for the work's sake she must be unselfishly selfish; and if no one else suggests the necessity, she must insist on some

kind of sleeping accommodation, and some opportunity for taking rest and fresh air. Food she must have in some palatable form, even if she must go out and despoil the cupboards of her friends to get it. My ideal nurse has lived for a time on boiled eggs, with fruit and a tin of soda biscuits safely concealed from predatory urchins, flies, mice and roaches, in her grip. Of course she will linger no longer than she is urgently needed, in this household—one must consider the family expenses.

As for remuneration—each nurse must be a law unto herself, but I find on inquiry that my ideal nurse usually presents her bill (for a part of the time at least) at the regular charge, and I believe she has no bad debts, nor has she ever enjoyed the exciting experience of conducting a law-suit. This may be merely a coincidence, but I have heard the father of a poor family say, that he would rather deprive himself of his dearest comfort—the old clay pipe—(for a time)—than see that nurse go unpaid, for—"By George! She was a nice girl, and she worked hard for her pay."

From her proud position as leader of the brass band in the Labor Parade, the nurse may pass at once to a back seat in the orchestra which fills up the intervals for the blasé frequenters of the city's play house. She may find less appreciation for the strains of "the Irish Washerwoman," or even "Home, Sweet Home" with variations, than for the florid extravaganza, or the siren sighings of a moonlight sonata. But for all this, she will still need her heart of sympathy and her hand of kindness, for with all their luxurious appointments, these simple, old-fashioned utilities are often absent in the homes of the rich. She may have a very minor part to play in this comedy (or tragedy) of Dives—but she need never degenerate into a sounding echo, or a tinkling cymbal. Her common sense and her innate good taste will show her, that while she need not descend to the position of lackey, or even superior ladies' maid, neither must she presume on casual association, to share in the functions and the grandeurs of a social circle, into which, as a busy working woman, she may not enter. She will be well, but not showily dressed; and she will fit in as far as possible, with the ways and habits of the household. The wise nurse will early establish amicable relations with the kitchen. A little consideration and courtesy may convert a guarded and suspicious enemy into her staunchest ally. This should never lead however to undue familiarity with a class of workers, who, however worthy they may be, must never be identified with the nursing profession.

Such an embarrassing conclusion has been known to occur in a family of snobs, the nurse being notified that she should take her meals in the kitchen, one cannot be altogether surprised at the mistake, for it is a lamentable fact that some nurses—(we fondly believe few Canadian ones) do savor somewhat of the scullery still. But I should greatly enjoy seeing my ideal nurse deal with that

situation. She is capable of hitting out very boldly from the shoulder on occasions, and the family of snobs might be left with a dint in its family armour—and without a trained nurse. No reasonable nurse, however, will resent the suggestion that she take her meals from a tray, or either before or after the family. Such an arrangement is often most convenient, especially if she is nursing in a hotel, where her uniform attracts undesirable attention, or where there are frequent guests at the family table, whose appetite might be affected by the suggestion of illness.

The interfering family is even more trying to deal with than the family of snobs. There is a humorous side to the brazen effrontery of the "newly rich," but the strongest armour of patience will sometimes break down under the incessant battering of the meddler's small guns. He may succeed in spoiling the music, but the nurse is a poor soldier if he makes her pull down her flag. It is absolutely imperative that she should reign in the sick-room (under his majesty, the doctor), and if once she weakens or compromises in essential things she may as well abdicate at once. But while she must be firm, she must also be rational. Many seemingly objectionable phases of her rule may be rendered quite bearable by an intelligent explanation, or a reference to higher powers. It is well to let the family feel that as far as possible it may know what goes on in the sick-room, and why. There may even be suggestions, wise and good, which the nurse may try with profit to herself and her patient—and with great satisfaction to his friends. Not all the wisdom of her cult is included in nursing text books, or taught in the wards of any institution.

When all pacific measures fail, the unreasonable family may respond very well to a course of plain dealing. They must learn that there is an element of sense, as well as sentiment, in the work of a trained nurse, and because they have no desire for food or sleep or change of scene during a trying period, that is no reason why the nurse should sacrifice health and usefulness in the same senseless way. She should see that the whole unreasonable family goes out for an airing, and takes a few hours' sleep and at least one square, uninterrupted meal a day. They will probably soon perceive that she requires no less.

If the nurse feels, however, that she is hopelessly out of harmony with her patient or the family, it is much wiser for her to give up the case at once rather than to struggle on crying—"Peace! peace!"—when there is no peace. There are instruments that will never harmonize, though each may be good enough in its own way; so there are incompatibilities of mind and temper, that are fundamental and irreconcilable, which may prove a source of friction and positive injury to a susceptible patient. Even a Johns Hopkins graduate with all her calm superiority and irreproachable training, has been known to fail in finding the key note to a rest-cure symphony. She was followed by a simple, unpre-

tentious graduate of a training school of which she had never heard, who wore such an odd uniform, and who probably had never read the "Ethics of Nursing." Into that abode of chaos and despair she stole, took up the crazed and fragile instrument, and from its quivering strings she drew a sweet and soothing lullaby. Soon the tired limbs relaxed, the fighting spirit died away, and the weary and broken one sobbed herself to sleep on the breast of that angel of peace.

It requires a very large sympathy and much patience to deal with these Anxious and often Hysterical Families, but if the nurse will only remember how disproportioned and distorted every little thing looked to her when that loved member of her own family was lying on his bed of illness, she will have a larger sympathy with distracted relatives, and a deeper comprehension of that mental astigmatism which makes their little world look so hopelessly out of joint.

The same may be said of the unhappy household that harbors a family skeleton. The poor ghost is discreetly concealed, of course, but one night the nurse surprises him in his wanderings. Shall she notify the Chief of Police, call up the press reporters, and prepare to leave the haunted place? She is more likely to whisper it as a dead secret to her bosom friend, and pretty soon that poor wisp of an unhappy spirit, cowering in his own familiar cupboard, has grown to a grim and terrible spectre that stalks the land by day and night. There are some very ugly and really disreputable ghosts that one finds it impossible to ignore, and even the ideal nurse must sometimes tell or run away, lest greater unhappiness come to that afflicted household. There are family relationships so unstable, that a glance or a foolish word may destroy them and shatter the peace of a hearthstone. The ideal nurse will guard well her eye and her tongue, and will hold inviolate these unsought secrets of her confessional.

How often the private nurse is called to the average, middle-class family, where the mother or sister has been struggling along, single-handed, lacking confidence, depressed, anxious, thoroughly out-worn. Very jealously she delivers the beloved charge into the hands of this stranger woman, doubting, fearing, but gradually relinquishing the burden as she sees the strong and skilful hand and feels that it can do more for the sufferer than she, with all her love, can do. To this weary and fainting soul the ideal nurse is as "the shadow of a great rock in a weary land." The doctor has been—the case is critical—everything possible is being done—and there is nothing to do but to wait. Here is her opportunity to lead the oratorio. They have yielded her the baton, and are waiting for her to sound the note. If it be indeed true, that thought is vital and active, and that the mental atmosphere about the patient does aid or retard recovery; then let it be no dubious minor note, but clear and strong let her lift up the song of faith and optimism and

set the tune going to a vigorous martial strain, that shall lift the flagging spirits of the watchers and penetrate even through the closed door of the sick-room. Then set the battle in array, some to the kitchen, some to the wash-tub, the family sunbeam by the bedside, and let the patient be surrounded by hopeful stimulating influences. Their therapeutic value will not be impaired, though the room be still and no word be spoken. They will radiate from the face of every member of the household, and the home will be filled with the contagion of their leader's spirit.

And if it be that nature and her legions are strong enough to beat back the arch enemy of death—what an anthem of triumph and thanksgiving will be in that home—how it will ring to the skies with its vibrant tones of victory! But if it be defeat, there is still a song to sing—"where the dead man is praised on his journey"—and a heavier task to fill in comforting the mourners and supporting them with her strength and courage.

Oh, ye private nurses—yes—average private nurses—we hear such a lot of your woes and your burdens, of your weary nights and your heavy days. Is it not worth while after all, to have had some share in that Hallelujah chorus, to have lightened, even a little, that heavy lament—even though your strength was flagging, and you dragged yourself to your room to sob the night through with the nervous reaction from the long strain, and the crushing sense of utter defeat?

It seems to me there is a great deal too much self-pity on the part of the average private nurse. Perhaps it is because she is so often overtired that she takes such a myopic view of the broad horizons of her world—broader far than the walls of the cloister, or even the sheltering hearth. She should get away into a different atmosphere, into a belt of calms, for a while. Even a violin—a thing of string and wood—must be laid aside occasionally for a rest, to restore its tone and timbre. When she comes back to her kingdom she will see it with a normal vision and unjaundiced eyes. "Blessed is he who has found his work—let him ask no other blessedness."

We must remember that there is another side to this question. The family, too, may suffer—from the private nurse—from the poor nurse, the nurse who is too good for her business, the unreasonable, the careless, the bad-tempered, the extravagant nurse—from the nurse who is so busy playing to the gallery that she forgets the fomentations—from the mechanical nurse who has less music in her soul than the showman's hurdy gurdy or the corner store phonograph.

After all, things even up wonderfully, and the average nurse gets quite as much appreciation, and I think a little more than she deserves.

Few of us are ideal nurses. Seldom have we felt the master

stroke which—"Smote the chord of self, that trembling, pass'd in music out of sight"—

But we all, now and then, do catch a vision of our high vocation—of our duties and our privileges. Happy are we if we follow.

"When through the gates of stress and strain
Comes forth the vast event
The simple, sheer, sufficing, sane,
Result of labor spent—
They that have wrought the end unthought
Be neither saint nor sage,
But men who merely did the work
For which they drew the wage."

No saints—and yet the poorest of us will sometimes find a little votive taper burning at our humble shrine—and will find the low chant of praise and the odor of the incense, not repugnant to our soul. Perhaps it will help us to forget that other time, we do not like to think much of—the maiden aunt was detestable—the patient incompatible—we were not appreciated. We bungled over the key note, and we sulked because the tone was not to our liking, and we worked without the music—but it wasn't a success.

ISABEL M. STEWART,
W. G. H., '02.

Winnipeg.

NURSING ON RAILROAD CONSTRUCTION.

Most of the readers of the CANADIAN NURSE will know that at the present time a mighty railroad is being pushed across the Dominion from the Atlantic to the Pacific, practically paralleling the C. P. R., and to be known as the Grand Trunk Pacific.

On the other hand, few of these same nurses know that scattered along a section of the new line between Winnipeg and Superior Junction is a small band of nurses, who are doing their share in the building of the road by nursing the sick and injured laborers.

In order that you may better understand the part that the nursing profession is playing in this work, I will give a brief outline of the organization of the medical department which looks after the ills of the various contractors' employees. The "line" is divided off into sections averaging twenty miles in length, and on each of these is a resident physician. It is the duty of such a physician to visit the camps in his section once a week and be in attendance on all the men in these camps.

On several of the more important sections, that is, those where heavy work calls for a large force of men, small hospitals have been erected and nurses sent out to aid the resident doctor in caring for the patients.

For the past five months it has been my privilege to be located at one of these institutions, known as the Winnipeg River Hospital, and I shall attempt to give you some idea of our life out in the "bush."

The hospital is beautifully situated on the Winnipeg River, about twenty miles down stream from Kenora. It is built on a high bluff, overlooking the water, and surrounded by the usual heavy growth of spruce and birch, which is so plentiful in this part of the country as to be characteristic of it. The building itself is well built of lumber, and consists of one storey. It has a ward which accommodates 14 patients, together with dispensary patients' sitting room, while the rear is taken up with the living room and bedrooms for nurses and doctor, orderly room, kitchen, pantry, etc.

The staff consists of two doctors, two nurses and an orderly. Surely the 14 patients are well attended! As the doctors are away on the line a great deal, there is usually but one of them on hand.

We are kept fairly busy, as railroading, when blasting is necessary, is one of the most hazardous of occupations, and a large proportion of our cases is surgical, the result of accidents following the careless use of explosives. Of medical cases, typhoid, rheumatism and pneumonia claim the majority, but where so many men are employed (about fifteen hundred) it is needless to say that we have "a little of everything." The patients are mostly foreigners, the following nationalities being in greatest evidence: Swedes, Galicians, Austrians, Italians and Poles. A large number of English and Scotch immigrants are also found in the camps, but are not found in the hospital unless it cannot be helped. In spite of a fair amount of inherited British pride, I am bound to admit that of all classes the British immigrants make the worst patients imaginable. This is largely due to their childish tendency to magnify small ailments into maligner for the purpose of getting a good comfortable berth in the hospital for the cold weather. They never work enough to meet with serious accidents.

I cannot say that our life is quite a "bed of roses." During the summer the daily boat from Kenora keeps us in touch with civilization, but during the long winter months with their severe cold, which keeps one confined to the house, life is monotonous, to say the least. I hope I have interested you in some small way, and I thank you for the space you have given me. My humble effort will at least tell my sister nurses that as a profession we are becoming more and more recognized as an absolute necessity wherever pain and suffering and sickness is most likely to be found.

JEAN B. HIGGINS.

AN ADDRESS.*

You have now, Nurses, only finished your preliminary education and training, and entered upon your real education. Allow me to congratulate you upon attaining the proud honor of gaining a diploma from this new and thriving training school, the "Training School for Nurses" of St. Joseph's Hospital, Port Arthur, your Alma Mater, which I hope you will always cherish. The people of Port Arthur may be justly proud of this fine, well-equipped hospital. It has plenty of clinical material, so that each nurse has a large practical experience in each department. The advantage over the very large hospitals in the very large cities, as New York and London, is that each nurse in training at St. Joseph's Training School, is directly under the eye of the teacher and is carefully watched and taught, whereas in hospitals where nurses are by the hundreds they have to look on and learn, in distinction from being taught under eye of a trained teacher. The elementary work is the great object of a training school; to put the student nurse in a systematic frame of mind that she may make use of her knowledge and experience that she is to gain in her work.

With the scientific study and treatment of diseases and surgery, skilled nursing is a necessity. The physician relies on the trained nurse to observe and record symptoms, and on the information thus furnished, is often based the diagnosis and prognosis. The observation of cases by the nurse to record what occurs between the visits of the physician is one of the greatest services, and to do it well needs not only faithful attention and keen senses but a knowledge of what to look for, without which many important points may escape the notice of even a most careful nurse. I would impress upon you under no excuse or pretext to make an incorrect report to satisfy some of the family and hide the true course of the disease. It will always get you into trouble and dissatisfaction.

Members of the graduating class, in leaving your Alma Mater, you must not conclude that your time of study is at an end. You have only laid the foundation for a knowledge of nursing. It remains for you to build upon this an enduring structure by persistent efforts to keep pace with the advancement and improvement of your profession. This means that you remain earnest students of the current literature and new text books on nursing. You, whom we congratulate as graduates from this hospital, owe a debt of gratitude to your Alma Mater and to the profession with which you are identified.

*To graduating class of St. Joseph's Hospital Training School for Nurses, Port Arthur.

A nurse, however, has duties to herself. Spending her time in an atmosphere of suffering and very often in the shadow of death, she is kept in the shady side of life. But these conditions do not take from the brightness and happiness of an ideal nurse, who must always remember the old saying, "Laugh and the world laughs with you, weep and you weep alone."

Graduates, sisters and nurses, some of whom are leaving your Alma Mater, I bid you farewell, and wish you all success. Fulfill your duties towards yourselves and your profession and your patients to the best of your ability. A just fortune awaits the deserving.

G. S. Beck, M.D., M.R.C.S.

CANADIAN NURSES AND THE AMERICAN HOSPITAL ASSOCIATION.

On September 22, 23, 24 and 25, 1908, there will convene in Toronto doubtless the largest and most influential gathering of hospital workers that has ever met on the American continent—the American Hospital Association. Last year, at the Chicago convention, there were present representatives of hospitals from Seattle, Washington, on the west, to Maine and Nova Scotia, on the east. This year more new members have already enrolled than in any entire previous year, and the indications are strong that the Toronto meeting will eclipse all former meetings of the Association.

The membership in the Association is restricted to those who are at the time of their election trustees or executive heads of hospitals. Associate members are executive officers of hospitals next in authority below the superintendent without regard to sex or official title. Annual dues for active members are $5, for associate members, $2. These dues entitle each member to a bound volume of the papers and proceedings of the annual conferences, which form a most valuable fund of hospital literature.

Within the last three years a large variety of subjects have been studied and discussed, among which are: Administration of hospitals; appointment of internes; automobile ambulances; branch hospitals in the country; breakage and loss by employees and how to control these; care of consumptives in general hospitals; care of hospital floors; co-operation of medical charities; cost of construction of modern hospitals; destruction of refuse; hospital dietaries; diet kitchens; discipline and control of ward patients; disinfection; division of medical and surgical staff in small hospitals; engine room economies; hospital housekeeping; hospital organization of a teaching hospital; pay rolls of hospitals compared; laundry management; medical libraries in hospitals; mental wards in general hospitals; methods of controlling waste; nursing problems; open-air treatment; orderlies; wages and management;

organization of a teaching hospital; payrolls of hospitals compared; payment of the medical staff; purchase of supplies; quiet rooms; refrigeration; teaching of hospital economics; training of nurses; hospital accounts and statistics; utilization of hospital waste; wall finish; work of immunizing department.

The sessions of the convention will probably be held in the Parliament Buildings, in beautiful Queen's Park. Every nurse and every individual interested in hospital work—any phase of it—is invited to attend the sessions of the convention and freely avail themselves of the educational benefits such an opportunity affords. The contact with such a body of broad-minded, earnest, able and enthusiastic men and women, close students of hospital and nursing problems, representatives of the largest and best hospitals of two countries, is in itself an inspiration.

Probably two-thirds of the hospitals of the United States and Canada are in charge of nurse-superintendents, and almost without exception schools of nursing are being managed by nurses. One thing is certain—in the future development of the hospitals of these two countries nurses must play a large part. What is greatly needed by every hospital worker is a broad outlook on hospital and nursing affairs. There is no need that hospital development and efficiency and nursing development should clash unless people make them clash. No better opportunity will ever occur for a great many Canadian nurses to broaden their knowledge of hospital work in all its phases than by attending this convention. A large proportion of the membership in the Association is made up of nurses—many of them Canadian-born, who are now in executive positions in hospitals in the United States. There is no doubt but Toronto will give a right royal welcome to all who attend the convention.

The officers of the Association, Dr. S. S. Goldwater, Superintendent of Mount Sinai Hospital, New York; Mr. John Ross Robertson, of Toronto, the First Vice-President; Dr. R. W. Bruce Smith, and the Toronto superintendents, are already thinking and planning to make the Toronto convention the greatest in numbers and enthusiasm and practical value that the Association has ever held. Every Canadian superintendent, assistant superintendent, and trustee of hospital is invited here and now to apply for membership. Send your name to the Secretary, Dr. W. L. Babcock, Grace Hospital, Detroit, Mich. Begin now to make your plans to attend the convention. Bring a friend with you who is interested in hospital work. Urge your trustees to be there. Whether or not you are officially connected with a hospital, you can attend the sessions and take part in the discussions. A copy of the programme will appear later on in the CANADIAN NURSE. The report on progress of the year in nurse training schools and the papers that will be given on training school work, with their discussions, will alone make it worth your while.

CHARLOTTE A. AIKENS.

Clinical Department

THE ADMINISTRATION OF MEDICINES.

It is no part of a nurse's business to prescribe drugs. It is an important part of her business to know why drugs are prescribed, what effects may be expected from their use, what conditions may interfere to prevent the desired results and how to administer them so that the very best effects may be secured. There is a good deal that nurses should be taught, or should know, regarding the simple matter of administering medicine.

Probation days are very impressionable periods of life. One observation on the matter of giving medicines, made in the early probation days, many years ago, comes to mind as a good illustration of how not to do it. The head nurse on the men's ward was a good, practical nurse. Her patients were well cared for, and liked her, but her manner of handling some of the medicines was not a good example for a probationer. One of the favorite cathartics was the pill known as "Little Devils." Before going off duty at night, she would appear at the ward door, shake the bottle of "Little Devils," and go from bed to bed, dropping them from her fingers into the mouths of as many patients as asked for them. The patients got the medicine. There was no question about that, but they might have had it administered in a more refined way. An important part of the teaching of nurses should be the doing of simple little duties in a refined manner. Any one, even a coal heaver, can take a capsule out of a box, carry it in his fingers, drop it into the mouth and give a swallow of water after it. Trained nurses should be able to do such simple things differently, and, in every home they enter, should teach by example the better, the refined way. There is a tendency on the part of some nurses to grow careless about these little refinements of nursing, after they leave the hospital, because they think no one notices or cares. There are very few details about the way a trained nurse does her work that are not observed and commented on in the average home.

How should the different kinds of medicine be administered? This is a question on which every trained nurse should be able to write, not one, but several, practical, interesting papers. Pills, tablets, capsules, powders, suppositories, oils, plasters, liquids, ointments, etc.,—each one of these may need a little different handling; they will surely need different handling at different times and with different people. Then there are to be considered all the various appliances and vessels and vehicles used in measuring or administering medicine—the medicine droppers, minim glasses, atomizers, inhalers, hypodermic syringes, antitoxin

syringes, and how to take care of them, the arrangement of appliances for the inhalation of steam or medicinal vapor, the proper method of using the nasal douche, eye bath, eye drops, ear irrigations, the calculation of doses, working out percentages, the arithmetic of medicines—a small book might be written on the practical administration of medicine. When a nurse has thoroughly mastered this subject, this province of medicine which is rightfully hers, it will be time enough for her to assume the responsibility of prescribing drugs. Even then no nurse can afford to dabble in that practice until she has qualified herself in the eyes of the law.

There is one point regarding the administration of medicine on which every nurse can and should put a little extra study, and make careful observations from year to year. This point is the time of giving medicine in its relation to food. There is still much to be learned regarding the intricate chemistry of digestion and assimilation. The best time to give different drugs by mouth, the effect of drugs on digestive processes, the effects of stomach contents on drugs—these are subjects on which there is still much speculation and much difference of opinion. W. Gilman Thompson, M.D., gives a few simple rules which, while subject to many exceptions, are undoubtedly useful as a general guide. Alkalies are best given shortly before meals, unless in cases in which there is too much hydrochloric acid secreted. Bitters, also, should be given before meals. Saline laxatives should be given at least a half hour or an hour before meals, preferably before breakfast. Stronger, more slowly acting, catharties are best given on an empty stomach at night. The best time to give acids is within a half hour after meals. Medicines which may prove irritant to the mucous membrane, such as iron and arsenic, should be given soon after meals, or after taking some simple nourishment. Drugs, such as salol, which are designed to act in the intestine, should be given at the time when gastric digestion may be expected to be complete and when the stomach contents are about to pass into the intestine. Then there is a large list of medicines, such as cough mixtures, cardiac tonics, diuretics, and systemic remedies, which are not specially irritant to the stomach, which may be given between meals. If the stomach is empty they will be more quickly absorbed and are less likely to retard digestion.

The time for giving medicine, especially when a nurse is in private practice, is a matter which must be left largely to her own judgment. Many physicians simply give general directions, such as, "Give every three or four hours," and leave her to decide what those hours shall be. If milk forms any important part of a patient's dietary, it is, as a rule, not a good plan to use it as a vehicle for giving medicine, though with children it may occasionally be necessary. If the patient is not digesting the milk well, and the prospects are that he will have to continue the milk

for some time, then it is a safe rule never to combine the milk with whiskey or with any drug.

One other point regarding medicine will bear frequent emphasis—the use of hypnotics. Every thoughtful person must view with increasing alarm the increase in the army of neurasthenics or sleepless individuals who depend on narcotics and hypnotics to get any kind of rest. There is always a time when the habit of taking drugs to produce sleep starts, and nurses should be very careful about this point. While there are many drugs that do not produce a habit—at least do not lead to a craving for that special drug, there are none, so a recent noted authority states, which do not act disastrously on some of the tissues of the body. There are many simple expedients that help to natural sleep which nurses can use and teach, and thus do what they can, when they have the power of decision in their own hands, to combat a growing evil that affects in various ways our national life.

Waking.—In the morning, when you awake, accustom yourself to think first upon God, or something in order to His service; and at night also let Him close thine eyes; and let your sleep be necessary and healthful, not idle and expensive of time beyond the needs and conveniences of nature; and sometimes be curious to see the preparation which the sun makes, when he is coming forth from his chambers of the east.—*Jeremy Taylor.*

A Good Story.—Cultivate the art of story telling, and remember that a good joke will be relished quite as much in the sickroom as anywhere else, unless the patient is very ill. A good story, well told, often acts better than a dose of tonic medicine.

A Brick.—A few bricks for use where external heat is needed will prove convenient in various ways during cold weather in almost any kind of sickness. As a foot-warmer for convalescents who are able to sit up in a chair, a warm brick is much better than a rubber hot water bottle.

The Cord.—In cases where the umbilical cord is slow in separating, which often occurs where the cord has been unusually large and thick, or in puny infants, its separation may be effected by wrapping the stump in cotton saturated with alcohol.

The Catheter.—The injection of a quart of hot salt solution into the rectum has often made the use of the catheter unnecessary when all other simple remedies had failed.

—C. A. Aikens.

THE Order has made an arrangement with the Montreal General Hospital whereby their nurses are to have three months' experience in district work.

"The nurses to be on duty at the service of the Victorian Order from 8 a.m. to 6 p.m. daily during term of service, with two hours off at noon, each nurse being allowed an afternoon in each week and one day off each month." The nurses are to be "in the third year of their hospital course, and when they have completed their maternity training."

These nurses are to live in their own hospital, a sufficient sum for their living expenses being paid to their hospital by the Victorian Order.

They will be under the supervision of the Superintendent of the Order from 8 a.m. to 6 p.m. After 6 p.m. under the direction of the hospital authorities.

The first nurse from the M. G. H. went on duty for the V. O. according to these plans on February 17th.

AT the annual meeting in Gravenhurst, they reported a successful year. A most kindly resolution of thanks was passed to Miss Aldridge, their nurse, with the comment that "she did not content herself simply with what might be called the professional services, but did many other kind and useful things to help her patients."

New Liskeard boasts a good modern ambulance, does not this seem a marvel of enterprise in a place of such size?

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Apply, The Superintendent, 206 Spadina Avenue, Toronto.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216, Drummond Street.
OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.
TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

The following may, it is hoped, prove helpful to our nurses, especially during the days of Lent. It is taken from a book known and loved by many of them—*In Watchings Often.*

Walk worthily. "If any man take not up his cross and follow me, he is not worthy of me." His cross! his own cross! Don't be too quick to shunt your cross on to another's shoulders. It is a very subtle and harmful danger of our times, to push our cross on to another's sympathy, and so to weaken our own character. The moment we have a difficulty, directly we feel the cross, off we run to someone. . . . It is not necessarily wrong. . . . Helping another to bear his cross is very beautiful, but we must not let the other trade upon it. The gift of sympathy is not meant to deprive another of the grace of suffering. My cross is not your cross, and I have no right to ask you to bear it for me; you may help me to carry it, but you have no right to take it off my shoulder. Neither of us has any promise of grace to bear the other's cross. "Every man must bear his own burden." In no other way can we learn how "to bear one another's burdens." The texts run together. The cross is to be taken up by each. Shoulder your cross; don't shunt it. The weight of a cross is often meant to keep us down, to bring us to our knees, to teach us to walk slowly. Not at first, not at once, did Jesus allow Simon to be compelled to share His cross. He bore it alone to falling point; he "endured hardness." Then, and not till then, He accepted Simon's sympathy.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

LIFE AND IMMORTALITY.

Life does not hang on matter, nor on the organization of matter. . . . It is a breath, a spirit, a ray of the Eternal Being, pure, immaterial, above all grosser compounds, simple and indissoluble. In the body it is alloyed and tempered with weakness, shrouded about with obstructions; its faculties pent up by a bounded organization, and its energies repressed by 'the body of this death.' It is Life subjected to the conditions of Mortality. But once dead, once dissolved, and the unclothed spirit is beyond the affections of decay. There is no weariness, nor feebleness, nor wasting away, nor wandering of the burdened spirit; it is disenthralled, and lives its own life, unmingled and buoyant. When the coil of this body is loosed death has done all, and his power is spent; thenceforth and for ever the sleeping soul lives mightily unto God.—*Cardinal Manning.*

DRUDGERY.—I speak as a doctor to nurses, as one who has lived his life among you in the wards, watching your work, always with sympathy and admiration, sharing fully your ideals, yet recognizing more and more, as life goes on, the difficulties of your life, and how hard a matter it is to realize that ideal in the strain and stress and wearying routine of daily life.

Well, that is all very good as far as it goes, but I only see things *from outside*, after all. What does D-R-U-D-G-E-R-Y spell, eh? No escape from the sick-room all day long, and one's patients aren't all exactly saints; and if one does get away for a minute it is only to rush into the arms of the relations, who are just as aggravating, and it may be ten times worse. And then half one's time is spent in only nursing people back to health, with the knowledge that before long they will be just as ill again. What wearying, depressing, heart-breaking work after all it sometimes is. Is that ever the voice from within?

Don't you believe a word of it! You are just the happiest and most fortunate people in the world. Fortunate, for every day of your lives you are given such opportunities as are given to few amongst us, opportunities which many envy you and long to possess, but which are very rarely offered them. You very little know what influence your lives, your acts, indeed often your lightest words, may have, indeed, are constantly having, upon those for whom you work.—*Oswald Browne, M.D.*

P.C.

H.Q. 5883-7

DEPARTMENT OF MILITIA AND DEFENCE

OTTAWA, 20th March, 1908.

Army Nursing Reserve.

Dear Doctor.

The Minister of Militia has been requested by His Excellency the Governor-General to convey the following message from H.R.H. The Princess Christian to the Nurses of Canada:-

"Would you kindly convey to the Nurses my gratification and pleasure at their response to my appeal. It gives me more pleasure than I can express".

Might I ask you if you would give due publication to these kind words from Her Royal Highness.

I am,

Yours very truly,

F. Jones

D. G. M.

The Editor Canadian Nurse,

The Canadian Nurse

VOL. IV. TORONTO, APRIL, 1908. No. 4.

Editorial.

TUBERCULOSIS.

A step in advance in the war against the great white plague is marked in Ontario by the conference held in Toronto on March 4th. His Excellency, in the chairman's address, with his graphic picture of going through a Canadian town in the early morning and seeing the windows shut tight, hit the nail on the head as he always does. His eloquence, his camaraderie, and his zeal for the public welfare would make any meeting a success. Second-hand air is one great trouble.

The delegates from all the counties in Ontario assembled the next day at the Parliament Buildings and laid their views before the Premier, Hon. W. J. Hanna, Hon. Thomas Crawford, Hon. Adam Beck, Hon. Dr. Reaume and other members of the Cabinet. It is felt that the Government will now take the preliminary steps to meet the wishes of the delegates, and later on, formulate a definite policy in regard to the extermination of tuberculosis, so far as it can be done by legislation. We hope in our next number to give some account of another important meeting—the eighth annual meeting of the Canadian Association for the Prevention of Tuberculosis, which takes place at Ottawa as we go to press.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Preparations for the annual meeting on April 18th are well advanced and we are requested to state that, in addition to addresses already announced, an address on Registration is expected from Miss Meiklejohn, Superintendent of Lady Stanley Institute, Ottawa, and that Dr. Hurd, Superintendent of the Johns Hopkins Hospital, Baltimore, Md., is also expected to be present and deliver an address. The officers desire to make it known that business details will not be allowed to monopolize the programme. Post-graduate work and other live questions, such as a Short Course in Hospital Methods, will be considered. Miss Brent, the Presi-

dent, with her accustomed kindness and hospitality, will welcome the Association to the Maria Robertson Nurses' Home of the Hospital for Sick Children, College Street, Toronto, where the meeting will be held, and also the reception, which will follow the meeting, at 4.30 p.m. Those who desire to join will please forward applications at once. See page iii.

THE TORONTO NURSES' CLUB HOUSE.

The Executive Committee of the Toronto Graduate Nurses' Club are going on enthusiastically with their plans for the féte, under the able leadership of the President, Miss Bowerman. They have decided to send out reply postcards to the nurses of Toronto, asking for help and donations for the féte which is to be given in Massey Music Hall, in November. The féte is to be held in the basement in the afternoons and evenings, and a concert given in the evening in the main hall.

A meeting of the ladies of Toronto, in aid of the project, was held at the Nurses' Residence of the Sick Children's Hospital on Wednesday, March 11th. At this meeting plans were discussed and perfected, and help was promised. A meeting of the nurses of Toronto was held in the Canadian Institute on Friday evening, March 13th, of which an account will be found elsewhere.

THE NATIONAL COUNCIL OF NURSES.

A meeting of the Provisional Committee was held in London at the beginning of the year, and a thoroughly satisfactory and progressive constitution adopted. It is with great regret, and only on account of the pressure on our space, that we abandon our intention of publishing the constitution in full, but the first two articles will show the spirit of it.

Article I.

Name.

The name of this Association shall be "The National Council of Trained (Registered) Nurses of Great Britain and Ireland."

Article *II.*

Objects.

1. To promote mutual understanding and unity between Associations of Trained Nurses in the United Kingdom.

2. Through affiliation with the International Council of Nurses, to acquire knowledge of nursing conditions in every country, to encourage a spirit of sympathy with the nurses of other nations, and to afford facilities for National hospitality.

3. To promote the usefulness and honour, the financial, and other interests of the Nursing profession.

The Constitution was adopted unanimously, and the first meeting of the new body will be held on Friday, May 1st.

DISTRICT NURSING.

We would invite the attention of our readers to the new arrangement between one of the leading hospitals of Canada, the Montreal General Hospital, and the Victorian Order of Nurses. District nursing is of great use to the community, to the hospital and the nurse. It has heretofore been somewhat neglected by our Canadian hospitals. Many of the best hospitals in Great Britain, the Continent and the United States consider it an important and indeed an indispensable part of their work, and we congratulate the Montreal General and the Victorian Order on the new arrangement.

MISS NINA McKELLAR.

Hundreds of nurses and doctors throughout Ontario, and indeed throughout Canada, will learn with sincere sorrow of the death of their friend, Miss McKellar, for seventeen years the Head Nurse of "The Burnside," Toronto General Hospital. After her resignation from the staff of Toronto General Hospital, Miss McKellar fulfilled a long-cherished desire to see the length and breadth of her own country. She returned from the West in the end of last year, and after staying some time with friends in Toronto, left early in January of the present year to pay a visit to Miss Elizabeth Gordon, Superintendent of Pueblo Hospital, Pueblo, Colorado. On her arrival, a cardiac affection, from which she had suffered for some time, took an unfavorable turn, and her illness terminated on March 13th, death being due to angina pectoris.

Miss McKellar was a rare woman. Those who had the privilege of knowing her personally will not need to be reminded of the width of her intellectual interests, and of her kindness of heart. To a wide knowledge of human nature, she joined tact and good judgment, which found great scope in the position which she held so long. Working in professional relations with hundreds of people every year—students, patients, relatives, nurses and doctors—seldom or never did these qualities fail her, and these, joined with careful attention to details and thorough knowledge of her profession, were the foundation of her success.

In her own work, indeed, she was pre-eminent, and many graduating classes of nurses will remember watching her spellbound, as she would take a sleeping infant a few days old, and dress

it completely in all its clothes without once waking the baby. This feat she accomplished partly by deftness and partly by careful planning not to disturb the infant more than was absolutely necessary. She only turned it twice during the whole performance. Miss McKellar was a good teacher, and many a Canadian mother and child partly owe their comfort and safety at a critical time to the thorough and conscientious way that Miss McKellar, whom mother and baby never saw, and of whom they never heard, had taught the nurse her duties.

Good work is never lost. Its influence lives on and consoles us in part, so far as we can be consoled, when death comes, or when, which is far sadder, accident or sickness comes to close a useful and honorable career.

Miss McKellar was a true woman, a true nurse, and a true Canadian. Nothing that concerned the country or the profession was foreign to her. *Requiescat in pace.*

Editorial Notes.

GREAT BRITAIN.

Great Britain's Legislation.—Mr. Claude Hay introduced the bill for the Registration of Trained Nurses in the House of Commons on Feb. 20th. There are now two bills before the House for State Registration, and one for the Nurses' Official Directory. The latter seems worse than useless. God prosper the right.

An Interesting Occasion.—On June 26th next, the Matrons' Council of Great Britain and Ireland will tender a Complimentary Banquet to Miss Stewart, on the occasion of the 21st anniversary of her appointment as Matron at St. Bartholomew's Hospital.

PORTUGAL.

Sympathy for the Queen.—Nurses, remembering the interest Her Majesty the Queen of Portugal always took in our profession and her kind visit and kind words to the Evesham Cottage Hospital when she last visited England, will not be the last to feel sympathy for the widowed Queen in the desolation brought to her house and family by two terrible crimes.

ENGLAND.

"Very, Very Gentle."—Mother St. George, one of the nuns who went from the Convent of the Faithful Virgin at Norwood in 1857 to the Crimea with Miss Nightingale, is now retiring from active work, at the age of 87, to take a well-earned rest. She says Miss Nightingale was very, very gentle, and a wonderful nurse.

The League of School Nurses.—The Nurses of the London County Council met at the rooms of the British Journal of Nursing, and formed a League, with Miss H. L. Pearse as President, and

Miss Griffin as Secretary-Treasurer. The meeting was a most interesting and enthusiastic one, every nurse, with two exceptions only, being in her place, in spite of a terrible London fog. This augurs well for the future.

The Catholic Nurses' Association.—His Lordship the Bishop of Salford presided at the last monthly meeting of the Catholic Nurses' Association at St. Gertrude's House, Alexandra Park, Manchester, and, in the course of his address, reminded his hearers that, with tact and prudence, much may be done to help the spiritual life of the sick, and helping to save the souls of others is a most sure way to help towards the salvation of one's own soul.

Nurses' Pan-Anglican Meeting.—On June 11th, 1908, in connection with the Pan-Anglican gathering, a special meeting of nurses will be held, to be arranged for by the St. Barnabas Guild, the Church Nurses' Guild, and the Nurses' Missionary League.

For the Queen's Nurse.—Lily Warmen, a little girl five years old, saved up her weekly allowance till she had sixpence, and then gave it to the Queen's Nurse, who had cared for her. Good for her. She knew.

BRAZIL

The Strangers' Hospital of Rio de Janeiro.—The new Superintendent of the Strangers' Hospital is Miss Beatrice C. Empson of S. Thomas Hospital, London. She has been in the service of the London School of Tropical Medicine, the Army Nursing Reserve, and the Colonial Nursing Association in Northern Nigeria, and is thus remarkably well qualified for her new appointment.

AUSTRALIA

Melbourne's "John Robertson."—Lady Talbot, wife of the Governor of Victoria, paid a visit to the Children's Hospital in order to open the new Nurses' Home, presented by the generosity of the late John Robertson. Lady Talbot congratulated the Nurses on the possession of such a pleasant, well-arranged Home, possessing every modern comfort, and also congratulated the ladies who selected the furniture upon the taste they had shown. It is a happy coincidence that Toronto and Melbourne should both have a Children's Hospital, with a New Nurses' Home, in the same year, and both the gift of John Robertson. But Toronto is even more fortunate than Melbourne. Their Nurses' Home cannot be *quite* so nice as ours, and we have our own "John Ross Robertson" still with us.

Australia's Women's Work Exhibition.—Nurses have won great credit in the Medical and Nursing Section of this Exhibition. Miss Gertrude M. Greaves, one of the nurses, sent in eight exhibits of "Inventions," and won the prize for the best invention in the Exhibition, and also for the best invention by a nurse. Lady Northcote and the Executive have taken a great interest in the Medical and Nursing Section.

State Registration.—Dr. Mackellar has brought before the Legislative Council of New South Wales a bill, providing for the Registration of Nurses, having as its chief object, first, the protection of the public, and, second, the protection of the trained nurse. The Australasian Trained Nurses' Association is in favor of the bill.

FRANCE

Farewell to the Sisters.—The work of the Augustinian Sisters at the Hotel Dieu, at Paris, ended with a great public demonstration. As M. Mesureur, addressing the forty-five Sisters in the Oratory, said, "Although I am compelled to expel the Sisters, yet I have nothing but praise for the way in which they have devoted themselves to our sick." Then the Sisters, many of them weeping, were escorted to the courtyard, where five thousand people were assembled to bid them farewell. Men and women unharnessed the horses, took their places in the shafts, and dragged the omnibuses into the street.

Women as Military Nurses.—The hospital connected with the Military Medical School at Val-de-Grace, near Paris, is to have women as nurses—a great innovation for France. If the plan succeeds, it will then be tried in other French Military Hospitals.

IRELAND.

The Royal Victoria Hospital, Belfast.—This is said to be the "most beautiful hospital in the world." It was built four years ago, and cost £100,000 to build, and £120,000 completely finished. It is built on the bungalow plan, with long corridors, and the ventilation is perfect, warm sterilized air being pumped into the wards on one side and out at the other, the air being renewed ten times in one hour. There are 240 beds.

St. Patrick's Nurses' Home.—The Countess of Aberdeen gave an address at the annual meeting of this Home, in Dublin, and spoke highly of the work of the nurses, who paid 3,600 visits to 2,216 patients last year.

SCOTLAND.

A Nurse as Matron of a Prison.—The Secretary for Scotland has just appointed a trained nurse as Matron of one of the Scottish prisons.

INDIA

The Viceroy of India at a public meeting in Calcutta, said the Lady Dufferin Fund has assisted 25,000,000 women, and quoted Aga Khan to the effect that, when history came to be written, no reform since 1877 would appear to have been of such real benefit to the people of India as the fund raised by the Marchioness of Dufferin to bring skilled medical aid to the women of India.

ITALY.

Anglo-American Nursing Home at Rome.—An addition to this Home has just been opened, on which occasion a large company of guests attended the Armouries and inspected the new wing.

GERMANY

Women as Military Nurses.—The German Government is introducing women as Military Nurses into some of the Military and Naval Hospitals.

CANADA

A Minister of Public Health.—Efforts are being made at present in the Dominion House of Commons to establish this most necessary Department of Public Health, as a part of the Government.

AMERICA

"Zones of Quiet."—The Chicago City Council has established the space of 250 feet in all directions from all the hospitals within the city as a "Zone of Quiet."

The National Meeting of Nurses.—The first week in May brings the annual meeting of the Nurses of the United States, in San Francisco. St. Francis Hotel is headquarters. Golden Gate Hall, on Sutter Street, is engaged for the week, and everything points to a great meeting.

Question Department.

To the Editor of THE CANADIAN NURSE:—

DEAR MADAM,—In bathing typhoid patients, should friction be used when the sponge bath is being given?

ANSWER.—The usual rule is not to give friction in sponging typhoid patients. The strokes of the sponge should be long, steady, firm and even. Friction is not usually considered advisable except in the plunge bath. Then it should always be given, in the form of a brisk rubbing while the patient is immersed in the bath.

To the Editor of THE CANADIAN NURSE:—

DEAR MADAM,— Will your readers be kind enough to tell me whether instruction in Massage forms a part of the curriculum in any small general hospital in Ontario?

SUPERINTENDENT.

ANSWER.—Yes, in a few of the smaller hospitals such as Chatham.

DEAR MADAM,—Can you tell me if there has even been a legal contest in Canada to determine to whom the chart belongs—the family, the nurse, or the doctor? If the patient is in the hospital, is the chart not the property of the hospital authorities? What opinion have your readers on the subject?

INQUIRER.

ANSWER.—Certainly. The chart belongs to the hospital.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Collingwood G. and M. Hospital Alumnæ Association.
The Calgary Graduate Nurses' Association.
The Edmonton Graduate Nurses' Association.
The Ottawa Graduate Nurses' Association.
The Fergus Royal Alexandra Hospital Alumnæ Association.
The Galt General Hospital Alumnæ Association.
The Guelph General Hospital Alumnæ Association.
The London Victoria Hospital Alumnæ Association.
The Kingston General Hospital Alumnæ Association.
The Montreal General Hospital Alumnæ Association.
The Montreal Royal Victoria Hospital Alumnæ Association.
The Ottawa Lady Stanley Institute Alumnæ Association.
The St. Catharines General and Marine Hospital Alumnæ Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnæ Association.
The Toronto Grace Hospital Alumnæ Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnæ Association.
The Toronto Riverdale Isolation Hospital Alumnæ Association.
The Toronto St. Michael's Hospital Alumnæ Association.
The Toronto Western Hospital Alumnæ Association.
The Winnipeg General Hospital Alumnæ Association.
The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secre-

tary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida 'Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy ; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Moulton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Cooper, 505 Sherbourne St.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss F. McClelland, Miss I. Harley.

POSTINGS AND TRANSFERS.

Matrons.—Miss B. I. Jones, to Egypt, from the Q. A. M. Hp., Millbank, London. Miss E. M. McCarthy, R. R. C., to the Q. A. M. Hp., Millbank, London, from C. Hp., Aldershot. Miss E. J. Martin, to C. Hp., Aldershot, from M. Hp., Chatham.

Sisters.—Miss A. A. Murphy, to M. Hp., Chatham, from M. Hp., Canterbury. Miss H. M. Drage, to T. S. "Plassy" for duty, from R. V. Hp., Netley.

Staff Nuress.—Miss A. R. Sibbald, to T. S. "Plassy," for duty, from C. Hp., Aldershot. Miss M. Byerley, to T. S. "Plassy," for duty, from M. Hp., Portsmouth. Miss A. A. Steer, to Egypt, from M. Hp., Devonport.

ON APPOINTMENT.

Miss K. M. Mathews, to C. Hp., Aldershot; Miss K. H. M. Holmes, to C. Hp., Aldershot; Miss G. H. C. Paynter, to M. Hp., Devonport.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE regular meeting of the Central Registry Committee was held March 2nd, at 644 Spadina Avenue. Members present, 5. Registrar's report for February showed members to number 260; calls, 122 (Registry 104, personal 18); savings bank account, $500; current account, $74.24, and $250 owing Registry from unpaid fees. Nurses desiring positions should leave their names with the Registrar, who has several letters requesting nurses for institutional work.

ON FRIDAY evening, March 13th, a meeting of nurses was held at the Canadian Institute, Toronto. There was a very good attendance, and all showed their interest in the object, which was to further plans for the "Fair of All Nations," which is to be held in Massey Hall, in November. The different Alumnæ Associations offered to each take charge of a booth, and some of the nurses offered the use of their homes for sewing-bees on different afternoons and evenings, when nurses not on cases may join to work for the common cause. This it is hoped will increase the good-fellowship among the nurses, which is one of the main objects of the club.

Hospital and Training School Department.

The Editorial Board beg to state that items for this Department will be welcome, and are published free of charge. Please send them at once, as soon as the events occur, addressed THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

THE Collingwood General and Marine Hospital have just issued a very interesting Annual Report, neatly printed and in every way attractive.

THE Fourteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses will be held in Cincinnati, Ohio, at The Linton Hotel, April 22nd, 23rd and 24th.

THE fifth issue of the Directory of the Halifax Nurses' Registry is published, and contains the names of thirty-five Trained Nurses and seven Experienced Nurses.

ON Wednesday, March 11th, a meeting of Toronto ladies was held at the residence of the Hospital for Sick Children to make further arrangements for the November Féte, the name of which has been changed to "Fair of All Nations." Many booths were provided for, three or four ladies offering to work together for each. Miss Fitzgibbon, of the "Woman's Historical Association," offered the suggestion that the nurses later consider the idea of joining forces with the other women's associations of Toronto and erecting a "Woman's Building" in Toronto. Dr. MacMurchy suggested the collecting of autographs for sale at the "Fair," and a committee was appointed for the purpose of collecting them. The meeting adjourned, to meet at the same place the afternoon of March 18th.

THE Annual Reunion of the Alumnæ Association of the Toronto Western Hospital was held March 12th, at the Nurses' Residence, 24 Rosebury Avenue. A large number of the nurses and friends of the Association spent a most enjoyable evening. Music was provided by the orchestra, and refreshments served.

THE Graduate Nurses' Social Club and their friends were entertained in the pretty Greek Theatre of the Margaret Eaton School on Friday evening, by Mrs. Scott Raff, its principal, assisted by her dramatic class, whose interpretations of rest, ease, poise, and position, etc., were rendered with much grace and naturalness. The songs by Miss Warnock and Mr. Phillips, and the readings by Miss Phillips were most refreshing. Mrs. Timothy Eaton contributed much to the programme by several readings. This very enjoyable programme was concluded by a humourous story, related by Mrs. Scott Raff, whose closing remarks were an invitation to all the nurses to visit the Margaret Eaton School any day at 12 noon. After the programme, all were invited to the principal's private studio, where cake and coffee were served.

A FREE dispensary has been started in Winnipeg, Man.

THE Cornwall General Hospital graduated a class of three recently.

A NEW laundry plant has been added to the Brockville General Hospital.

A NEW $50,000 building is to be erected for the Jubilee Hospital, at Vernon, B. C.

WORK will soon be commenced on the new $50,000 Isolation Hospital at London.

THE Anti-Tuberculosis Society of Ottawa intend to erect and maintain a hospital for consumptives.

MISS LOUISE WATSON, recent graduate of Victoria Hospital, Renfrew, has returned to the institution as Head Nurse.

MISS LIZZIE MERILEES, graduate of 1907, has been appointed operating-room nurse at the Kingston General Hospital.

THE sum of $11,000 has been subscribed towards the erection of a new building for the Victoria Hospital, at Renfrew.

AT THE last meeting of the T. G. H. Alumnæ Association, Mr. T. McKenzie delivered a very interesting address on "The Nervous System."

MISS MCKILLOP, late head nurse at the Jubilee Hospital, at Vernon, has accepted the appointment of Matron of the Kelowna, B.C., Hospital.

MISS ISABEL C. TURNER, graduate 1905, has been appointed Assistant Superintendent of Nurses, Fordham Hospital of the Bellevue and Allied Hospitals, New York City.

A CONFERENCE of Visiting Nurses of America is called to meet in Chicago, Saturday, April 25th. This is the first gathering of its kind to be held in this country. It will be a significant meeting of nurses who are engaged in various forms of social betterment work. Addresses will be made by nurses and social workers prominent in the work in this country.

MISS MURDOCH, late superintendent of the Ancon Huspital at Panama, has been selected as Lady Superintendent of Stratford Hospital, as successor to the late Miss Chillman. Miss Murdoch is a native of Wellington County, and graduated at Stratford Hospital. She took post-graduate courses in the States, and was selected by the United States Canal Commission to take charge of the important hospital service on the Panama Canal, where she remained three years. Miss Murdoch will probably assume the duties of her new position in August. Her friends will all welcome her back to her native land, and wish her great success in her new position.

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THE new Municipal Isolation Hospital at St. Catharines has been opened.

PLANS have been called for for a new $140,000 building for the Calgary General Hospital.

IF THE weather permits work will be commenced in March on the new Welland General Hospital building.

MRS. ROBERTS (R. V. H.) has been elected Secretary of the Alumnæ Association, in place of Miss Cornell, who is now in New York.

WORK is going on well on the interior of the new Hospital at Orillia. It is expected that it will be opened in the spring or early summer.

MISS BERTHA MCGILLIVRAY (R. V. H., Montreal), has been appointed Assistant Superintendent of St. Luke's Hospital, San Francisco, Cal.

AN interesting practical demonstration was given by the nurses in training (R. V. H.) before the members of the Alumnæ Association at their last meeting.

MISS MCGILLIVRAY (R. V. H.) has gone to St. Luke's Hospital, San Francisco, as Assistant Superintendent, and Miss Colvin (R. V. H.) as operating-room nurse.

GLENGARRY private hospital, Montreal, which has been conducted for a number of years by Dr. Fernand Monod, has been closed, and Dr. Monod will practice with his father in Paris.

MISS HELEN RANDAL (R. V. H.), of Montreal, has resigned her position as Superintendent of the Hospital at Rutland, Vt., to accept a similar position in St. Luke's Hospital, San Francisco, Cal.

LAST year between 600 and 700 children were treated in the various wards of the Winnipeg hospitals, so a movement has been started in that city towards the establishment of a hospital for children only.

THE House of Mercy Hospital, at Pittsfield, Mass., has issued a notice to the effect that only those paying $15 or more a week can be private patients and have the privilege of employing their own physician. The former price was $10 per week.

THE graduating exercises of the Training School for Nurses (Class 1908) at the Jeffery Hale's Hospital, was held in connection with the annual meeting, February 10th, at 3 p.m., in the McKenzie Memorial Building, the room being handsomely decorated with flags, bunting and potted palms. There was a large attendance of ladies and gentlemen interested in the work of the Hospital. Mr. J. T. Ross, President of the institution, occupied the chair. The graduates' medals were presented and pinned on by

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Mrs. J. T. Ross, who also presented the diplomas and a set of instruments to each graduate. Addresses were made by the Dean of Quebec, Dr. H. R. Ross, and Mr. John Hamilton. The names of the graduates are as follows: Miss Sara Richardson, Quebec; Miss Minnie Macdonald, Toronto; Miss Elsie Mackay, Mrs. Kate Ewing, Lachute, P. Que.

THE Protestant Hospital for the Insane, at Verdun, Que., has been presented by Dr. James Douglass of New York with a farm adjoining the institution, valued at $42,000. Dr. Douglass is a son of Dr. James Douglass, who, for a long time, was identified with the Beauport Asylum.

THE nurses in training at the Jeffrey Hale's Hospital, Quebec, have just completed a course of lectures on Practical Dietectics, given by Miss Sarah Collins, a graduate of Simmions College, Boston. At the end of the course the nurses were given a written examination, which they all passed satisfactorily.

A MOST delightful lecture and tea was given by the Alumnæ Association of St. Michael's Hospital Training School for Nurses, in the Hospital, Tuesday afternoon, February 25th. The lecture was entitled "An Edinburgh Doctor and His Literary Experiences," and was an account of the life of the author of "Rab and His Friends," by the Rev. Alex. Macmillan of Mimico. It was thoroughly enjoyed by all. Rev. Dr. Teefy presided. With him on the platform were Dr. R. B. Nevitt and Dr. Bruce Smith. After the lecture, tea was served, the guests being received by Miss Graves, Miss Greene, Miss Weyer and Miss MacNevin. The tea table was decorated with red roses, red and white being the colors of the school. Among those present were: Dr. and Mrs. Anderson, Dr. and Mrs. MeKeown, Dr. and Mrs. King, Mrs. Greene of Clinton; Mrs. Bruce Smith, Mrs. Day, Dr. Helen MacMurchy, Dr. Callaghan and many others.

THE new Minto Hospital at New Liskeard, which has only been opened about 8 months, is a great credit to the town and the Order. The site, which is a very fine one, was given by the President of the Board, Mr. McCamus—three acres on the top of a high hill, with the town at its foot, and a fine view of Lake Temiskaming just beyond. The place is so small (2,500) and so new that the hospital must surprise one. It is red brick, well built and well planned. The corridors are wide, the wards, public and private, airy, cheerful, and well furnished. They have waterworks, electric light, a lift, well equipped operating room, and good supplies of all kinds. They have had over 30 patients at a time in hospital. And when the top flat is finished they will have about 40 beds. The Ladies' Auxiliary is full of life and is at present devising plans for raising money for this good work. Miss Keith, the Superintendent, seems very happy and speaks of the interest everybody takes in her hospital. These two hospitals each serve a large surrounding country, when but for them no help could be had.

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THE North Bay Hospital has just completed a $1,500 addition, a good kitchen, serving pantry, and bedrooms over these. And they also contemplate building a new wing to cost $3,000. This is to contain a new operating room and several new wards, and a lift. At the annual meeting the doctors said they were doing more and more important surgical work, and that the assistance received from Miss Park and her nurses left nothing to be desired, but that the operating room was too small and not suitable in other ways.

Miss Park expects to have her training school started in March. An arrangement has been made by which her nurses will be sent down to the Toronto Home for four months' obstetric and district training.

THE Ladies' Auxiliary is a great strength to the Hospital in North Bay, being very earnest and active. Last year it raised $1,500 and this year will materially help with the funds for the new wing.

Personals.

THE Editorial Board beg to state that items for this Department will be welcome and are published free of charge. Please send them at once, as soon as the events occur, addressed to THE CANADIAN NURSE, Toronto, and they will be published as early as possible.

MISS CROSBY (T. G. H.) has returned from Waterford, quite well and strong again after her illness.

MISS BIRDIE ROGERS, of Kerwood, Ont., has gone to Philadelphia to take up nursing in the Polyclinic Hospital.

MISS LOUISE WATSON, recent graduate of Victoria Hospital, Renfrew, has returned to the institution as head nurse.

MISS JESSIE CARDIFF (N. Y. Hosp.), who has been abroad several months, is taking up some musical studies along with her nursing work.

MISS POWER and Miss E. M. Chalne (Graduates St. M. Hosp.) left last month for Baltimore, where they will nurse in Dr. Kelly's Private Hospital.

MISS M. WARNICA (Grad. St. M. Hosp.), who has been doing private nursing in Toronto, left on February 28th for Canandaigua, N. Y., to take a position in the Memorial Hospital there.

MISS A. M. ARCHIBALD, who a year since left Truro to take up work in Calgary, reports herself as much pleased with the West. She makes massage a specialty, but also does general nursing, by hourly visitation.

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Miss Dougal has accepted a position in the Marion Sims Hospital, Chicago.

Miss Annie E. Hutchison, of Orillia, has returned from Schenectady, New York, where she was visiting relatives.

Miss Mildred T. Wilson (T. W. H.), has been appointed Assistant Superintendent at the Western Hospital, Toronto.

Miss A. R. Hawkes, graduate nurse, of Torquay, England, has taken up profesional work at Meridan, Sask. Having several years' experience, Miss Hawkes will doubtless succeed well in this field.

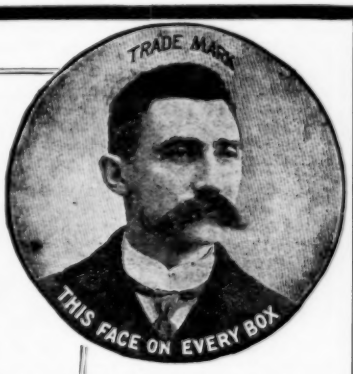
The Misses May E. Bickell, of Ayr, Linda M. Kaercher, of New Hamburg, Mary A. MacLean of Manilla, and Jennie D. Grant of Woodville are recent graduates of the Galt Hospital Training School for Nurses.

Miss A. Andrews left Vancouver in the end of January for Fernie, B.C., where she has opened and established a District Nurses' Home, under the direction of the Victorian Order of Nurses. Miss Andrews has been very busy, but "not too busy," she says, "to read The Canadian Nurse."

"The Canadian Nurse" went and had lunch at that nice place, "The Brown Betty," opposite the King Edward Hotel, Toronto, the other day. Everything was nice and new, and done to a turn, and pretty. Readers of "The Canadian Nurse," who know that Miss Barwick (J. H. H.), is a partner in the "Brown Betty," will be glad, and, at the same time, not at all surprised, to hear that it is already a success, and a very pleasant place to have lunch and tea.

Miss Lina L. Rogers, R. N., Superintendent School Nurses, N. Y. C., has recently been looking into the system of School Nurses in Philadelphia. Miss Rogers finds the work there being done along very broad lines. A staff of five nurses, with Miss A. Stanley as Superintendent, supplement the work of the Medical Inspectors, treating all minor contagious cases in the school, and visiting the homes to teach the parents how to get their children in proper physical condition for school.

Miss Martha O'Neil has resigned from the King's County Hospital, Brooklyn, N. Y., where she has been Superintendent of the Training School for the past ten years, a position she has most ably filled. Miss O'Neil has given up on account of her health, and the best wishes of the Training School and the Alumnæ Association, of which she has been President for five years, go with her. The nurses of the Training School tendered Miss O'Neil a farewell dinner on January 15th, 1908.



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Miss Shanks, Head Nurse in Dr. Burd's Private Hospital, Blind River, Ontario, is enjoying a vacation at her home, Sault Ste. Marie, Ont. She expects to visit Mattawa, Pembroke, Renfrew and Ottawa before returning to her duties in the hospital.

Miss S. A. Barrington, graduate Aberdeen Hospital, New Glasgow, who last September accompanied a patient to Chicago, has returned, and is now doing private nursing in Halifax. Whilst in Chicago, she had the privilege of attending some lectures at the Polyclinic Hospital, and also of seeing some prominent surgeons operate.

MARRIAGES.

Schmidt—Downs.—In Belleville, on Feb. 25th, Miss Sadie Downs (St. M. H.), to Mr. F. H. Schmidt of Toronto. Mr. and Mrs. Schmidt will spend the remainder of the winter south.

Klotz—Scovil.—At Portland, Ont., March 4th, 1908, Miss Stella Scovil, graduate of the General Protestant Hospital, Ottawa, Class 1902, to Dr. Oskar Klotz, of Montreal. Dr. and Mrs. Klotz sailed on March 7th for Germany, where they will spend several months. Mrs. Klotz was for two years Head Nurse in the operating theatre of the G. P. H., and Secretary-Treasurer of The Lady Stanley Institute Alumnæ Association.

Mulchy—Taylor.—At Paris, Ontario, January 8th, 1908, Miss Maymie E. Taylor (graduate St. M. Hosp.), to Mr. John Mulchy, barrister, of Orillia.

Smythe—Downs.—At Belleville, Ontario, February 26th, 1908, Miss Sadie Downs (Class '03, St. Michael's Hospital) to Mr. F. E. Smythe, of Toronto.

DEATHS.

Snider—Died of "Addison's Disease," at Portage la Prairie, Man., on Feb. 4, 1908, Mr. Marshall B. Snider. Mrs. Snider, formerly Miss Annie M. Brown, was a graduate of the Winnipeg General Hospital Training School, 1895, and has many friends who will deeply regret to learn of her sad loss.

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The Nurse's Library.

The thirty-eighth Annual Report of the Inspector of Prisons and Public Charities of Ontario, upon the Hospitals and Charities, etc., of the Province, has just been issued, and will be read with great interest by all the nurses, and particularly by all who are in any official position, or connected with our hospitals. The genial Inspector, Dr. R. W. Bruce Smith, is the nurses' friend, and indeed, he is everybody's friend, and everybody is his friend, with only enough exceptions to the rule to prove him a good official and public servant. The report of the Doctor deals with the Hospital Associations, Hospitals for Consumptives, the Care of Feeble-Minded Women, and other important topics. We would not be surprised if the Doctor were some day to make special reference in his report to the education and training of nurses. Many important statistics and facts appear in the Report, a book of 117 pages, with a number of fine illustrations.

Brain Health and the Care of the Mind. By Mrs. Clare Goslett, M.R.S.I., etc. Allman & Son, Ltd., 67 New Oxford Street, W. Price 6d.

This is one of the well-known "Battle of Life" Series, and is a very attractive and successful presentation of the chief facts of Mental Hygiene. In scarcely fifty little pages, Mrs. Goslett, a member of the Royal Sanitary Institute, discusses the secrets of mental health, the value of wide interests, and the special dangers and safeguards of the mind. It would do anybody good to read this book.

First Aid to the Injured: Six Ambulance Lectures. By Dr. Friedrich Esmarch. Translated from the German by H.R.H. Princess Christian. Smith, Elder & Co. Price 2s net.

This little book, now in its seventh edition, has been translated into twenty-seven different languages, and the translation of H.R.H. Princess Christian makes available to English-speaking people one of the best elementary books to be found anywhere. It is quite modern. We observe with interest a series of excellent rules (of the German Electro-Technical Union), for dealing with electrical accidents.

A History of Nursing. By M. Adelaide Nutting and Lavinia L. Dock. New York and London: G. P. Putnam's Sons.

Proud was no name for The Canadian Nurse when at last there arrived the first two volumes of this work, handsome in appearance, beautiful in execution, and noble in conception, a work destined to mark an epoch in the history of that profession

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of which it is itself a history. The third volume will deal with the history of the last forty years or so in the Nursing world (and may it come speedily from the press!) The first two volumes deal with: I. The Pre-Christian Period. II. From the first to the close of the 18th century. III. From the close of the 18th century to the development of modern nursing. First of all, it occurs to us to say that the industry displayed by Miss Nutting and Miss Dock almost amounts to genius. They must have ransacked the earth, and their work will henceforth be the authority on the subject. Here we read of the Egyptians, the Babylonians, the Hindoos, the Romans, the Jews, and every other people, and what they did for their sick. Coming down to the Dark Ages and the Middle Ages, and the works of the Church, the labours of monks and nuns and saints, and of the military orders, interest never once flags, until, in volume second, we enter on Pre-Nightingale Times and Nightingale Times. This great woman, the founder of modern nursing, has her real biography written here. The last two chapters in the book are, perhaps, after all, the best, "The Development of Nursing in America" and "A Trio of Training Schools" (Bellevue of New York, New Haven and the Massachusetts General, at Boston), all opened in 1873. Following are the bibliography and the index, each of great value. It is no easy matter, in a few words, and with but scant space at our disposal, to sum up what we would say about this great work. Miss Nutting and Miss Dock are both personal friends of the writer, an honour in itself which cannot easily be overestimated. Their eminent abilities have been used to do an eminent service to their sex and to their profession and to humanity, and it must be to them a great satisfaction and comfort to have been enabled to do this work amid the business of their lives. They have dedicated the work, as was fitting, "To All Members of the Nursing Profession," and nurses everywhere will receive, in a noble spirit, this noble gift, and place the book in their own libraries, that they may read and enjoy it, and learn from it what nurses have been and what nurses can be.

All readers of this Magazine, who have not received a copy of "Women in Banking," written by Mrs. E. B. B. Reesor, and published in the *New York Bankers' Magazine*, will be given one upon application to the Crown Bank of Canada, 34 King Street West, Toronto. The article is illustrated with pictures of the special rooms set apart for women, and, as the privileges of using them and making this down-town Rest Room a meeting place for out-of-town friends or for consultations with their physicians has always been extended to members of the Nursing profession, it will be of interest to you to see what these apartments are like.

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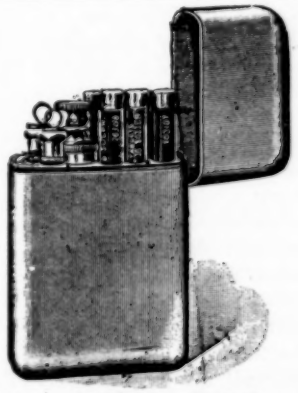

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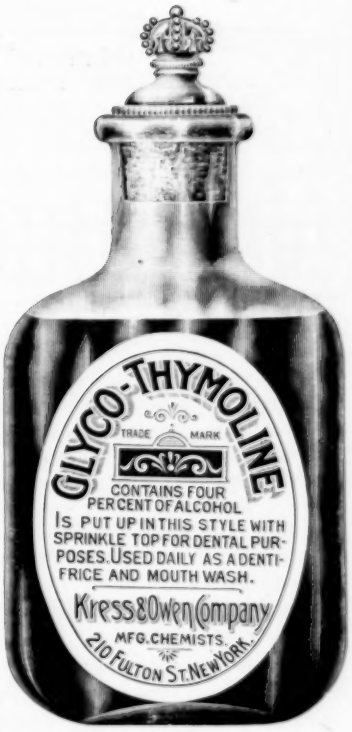
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On account of the extraordinary demand for admission to the Winter Class in the Swedish System of Massage and Gymnastics, Electro- and Hydro-Therapy, which opened the latter part of January at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Incorporated), 1711 Green Street, Philadelphia, and at the same time to relieve the considerable number of applications for admission to the Spring and Summer Classes, it has been found necessary to form a second section of the Winter Class, which will open on March 17th. Applicants who wish to join this class are advised to communicate without delay with the Superintendent. Lessons necessarily missed on account of late entry will be repeated without extra charge. Students intending to join the Spring Class, opening on May 14th, or the Summer Class, opening July 8th, will please file their applications at the earliest possible date to secure a vacancy in either class. The rates for the present classes, including the Spring and Summer Classes, will remain the same; but on account of the extensive broadening of the courses in the last few years, the tuition fee will be increased, beginning October 1st, 1908. Additional information may be obtained by addressing MAX J. WALTER, Superintendent, 1711 Green Street, Philadelphia, Pa.

THE BLOOD DYSCRASIAS OF PREGNANCY.—It is evident that the female economy undergoes profound alteration during pregnancy. The slightest failure to throw off either the waste products incident to the necessarily increased physiological activity of the mother, or those resulting from the establishment of the more complex metabolistic processes in the fœtus, always tends to create a vicious circle of blood dyscrasia that is not infrequently fraught with great danger. Hence, it is little wonder that slight deviations from the normal during pregnancy often assume certain serious aspects that are out of all proportion to their first importance. Comparatively slight ailments are unknown quantities when met in connection with the pregnant state, and should be treated not on the basis of their apparent significance, but on the basis of their possible dangers. The blood dyscrasias, particularly the anæmias, because they are most easily demonstrable, call for early correction in pregnancy. Vigorous treatment is necessary, and among the really effective therapeutic measures at the command of the profession, Pepto-Mangan (Gude) is especially worthy of prominence. Extensive experience has shown, therefore, that in no condition is Pepto-Mangan more useful or prompt in its results than in the blood dyscrasias of pregnancy. Its immediate action is not only satisfactory, but its extensive use for some time

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CONCENTRATED DIPHTHERIA ANTITOXIN.—The medical profession is indebted to the Research Laboratory of the Department of Health of New York Cty for its work in perfecting a method for refining and concentrating antitoxic serum. The expediency of separating the antitoxic principle from the non-antitoxic portion of the accompanying serum had long been recognized, and many attempts made to acomplish such a separation. In 1905, the Research Laboratory began the preparation of antitoxin by this method for distribution throughout New York City. Refined antitoxin has been exclusively employed in New York City Health Department work since then. In 1906, Dr. William H. Park, Director of the Research Laboratory, and Dr. Binford Throne, Resident Physician, Hospital for Contagious Diseases, New York City, reported in *The American Journal of Medical Sciences* the advantages of Refined and Concentrated Antitoxin. In from 10 to 30 per cent. of cases injected with antitoxic serum, pronounced rashes of an urticarial or erythematous type occur. These were shown to be lessened 50 per cent., both in number and severity, by the use of refined antitoxin. The antitoxic effect of refined antitoxin is identical with that of whole serum. It is as well of distinct clinical importance, since it tends to encourage large doses.

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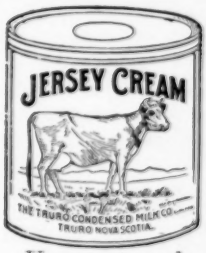

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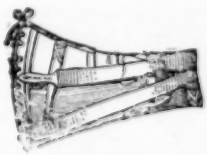

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Clay in Surgery. —By John Aikman, M.D. (Glasg.), of Guernsey, Honorary Surgeon, Colonel and Principal Medical Officer, Royal Guernsey Militia; late Surgeon, St. Peter's Port Hospital.—At the outset of the antiseptic system an endeavor was made to incorporate the carbolized oil with whiting in the form of putty, and some very good results were obtained from the putty, especially in cases of compound fractures and contused wounds. Of recent years, by the use of gauze covered by various wools, aseptic or antiseptic, there has been a return to the quietude which the putty secured. . . . Reviewing these observations from the standpoint of the uses of Antiphlogistine, I would place in the first rank its use in keeping at rest, and free from infection from the skin, breasts which it is desirable to rid of milk. Put the Antiphlogistine on thick, and cover with cotton-wool supported by a bandage. In a day or little more, the breasts are normal if the infant is kept out of the mother's sight. The same condition of rest favors the treatment of boils and carbuncles. Pleuritic effusion is controlled on the same principle, and with the advantage over strapping that the dressing can be removed for the daily examination of the chest. In synovitis of the knee, even with fracture of the patella, the closely-moulded dressing secures additional rest to that afforded by a splint, and it may be left on for a considerable time. I have also used it in inflamed glands. The salicylic acid in the oil of wintergreen is a good antiseptic in cases in which the skin is fairly normal, and does not irritate.—Reprinted from *The Hospital*, London, Feb. 23, 1907.

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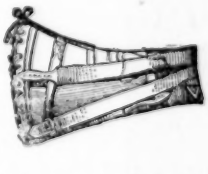

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